



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/758,970 | 01/09/2001 | Ronnie M. Harrison | 500395.02 |

CONFIRMATION NO. 9636

FORMALITIES LETTER



OC000000005795140

Kimton N. Eng, Esq.
 DORSEY & WHITNEY LLP
 Suite 3400
 1420 Fifth Avenue
 Seattle, WA 98101

Date Mailed: 02/23/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 840.

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Adjustment date: 06/21/2001 NHASSANI
 05701/2001 EABUBAKI 00000019 09758970
 01 FC:102 -160.00 OP
 02 FC:103 -234.00 OP

Repln. Ref: 06/21/2001 NHASSANI 0012124500
 DAW:501266 Name/Number:09758970
 FC: 704 \$394.00 CR

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 05/02/2001 AG010M
 710.00 840
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 01 FC:101
 02 FC:105

04CO 5-9-01

GAL-28196

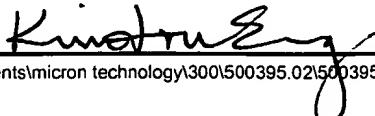
|  TRANSMITTAL SHEET (FOR FY 2001) | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Application No. | 09/758,970 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | January 9, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Ronnie M. Harrison | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 2819 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner | Not Yet Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Atty. Docket Number | 500395.02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (Check One) | | FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: <u>50-1266</u> ; Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within 2nd month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within 3rd month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within 4th month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,890</td> <td>280</td> <td>945</td> <td>Extension for reply within 5th month</td> <td>\$</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>260</td> <td>270</td> <td>135</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td>\$</td> </tr> <tr> <td>140</td> <td>10</td> <td>240</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive – unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility/Reissue issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of IDS</td> <td>\$</td> </tr> <tr> <td>581</td> <td>40</td> <td>81</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">Subtotal (3)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">Total Amount of Payment:</td> <td style="text-align: right;">\$394</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">RECEIVED APR - 3 2001 TC 2800 MAIL ROOM</td> <td></td> </tr> </tbody> </table> | | Large Entity | | Small Entity | | Fee Description | Fee paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - Late filing fee or oath | \$ | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ | 139 | 130 | 139 | 130 | Non-English specification | \$ | 147 | 2,520 | 147 | 2,520 | For Filing a Request for Reexamination | \$ | 115 | 110 | 215 | 55 | Extension for reply within first month | \$ | 116 | 390 | 216 | 195 | Extension for reply within 2 nd month | \$ | 117 | 890 | 217 | 445 | Extension for reply within 3 rd month | \$ | 118 | 1,390 | 218 | 695 | Extension for reply within 4 th month | \$ | 128 | 1,890 | 280 | 945 | Extension for reply within 5 th month | \$ | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ | 121 | 260 | 270 | 135 | Request for oral hearing | \$ | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee | \$ | 140 | 10 | 240 | 55 | Petition to revive – unavoidable | \$ | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional | \$ | 142 | 1,240 | 242 | 620 | Utility/Reissue issue fee (+ advance copies) | \$ | 143 | 440 | 243 | 220 | Design issue fee (+ advance copies) | \$ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | 126 | 180 | 126 | 180 | Submission of IDS | \$ | 581 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) | \$ | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | \$ | | | Subtotal (3) | | \$0 | | | Total Amount of Payment: | | \$394 | | | RECEIVED APR - 3 2001 TC 2800 MAIL ROOM | | |
| Large Entity | | Small Entity | | Fee Description | Fee paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 130 | 205 | 65 | Surcharge - Late filing fee or oath | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | 139 | 130 | Non-English specification | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 | For Filing a Request for Reexamination | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 390 | 216 | 195 | Extension for reply within 2 nd month | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 890 | 217 | 445 | Extension for reply within 3 rd month | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,390 | 218 | 695 | Extension for reply within 4 th month | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,890 | 280 | 945 | Extension for reply within 5 th month | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 260 | 270 | 135 | Request for oral hearing | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 148 | 110 | 248 | 55 | Terminal Disclaimer Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 10 | 240 | 55 | Petition to revive – unavoidable | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,240 | 241 | 620 | Petition to revive – unintentional | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1,240 | 242 | 620 | Utility/Reissue issue fee (+ advance copies) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 440 | 243 | 220 | Design issue fee (+ advance copies) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 180 | 126 | 180 | Submission of IDS | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (3) | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total Amount of Payment: | | \$394 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | RECEIVED APR - 3 2001 TC 2800 MAIL ROOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEES CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td><input type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td><input type="checkbox"/> Provisional Filing Fee</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (1)</td> <td style="text-align: right;">\$ 0</td> </tr> </tbody> </table> | | | | Large Entity | | Small Entity | | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 710 | 201 | 355 | <input type="checkbox"/> Utility Filing Fee | 106 | 320 | 206 | 160 | <input type="checkbox"/> Design Filing Fee | 108 | 710 | 208 | 355 | <input type="checkbox"/> Reissue Filing Fee | 114 | 150 | 214 | 75 | <input type="checkbox"/> Provisional Filing Fee | | | | | Subtotal (1) | \$ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | 201 | 355 | <input type="checkbox"/> Utility Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | 206 | 160 | <input type="checkbox"/> Design Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | 208 | 355 | <input type="checkbox"/> Reissue Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | 214 | 75 | <input type="checkbox"/> Provisional Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal (1) | \$ 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th colspan="2">Current Claims</th> <th colspan="2">Prior</th> <th>Extra</th> <th>Fee</th> <th>Fee Paid</th> </tr> <tr> <th>Total</th> <th>33</th> <th>-</th> <th>20</th> <th>=</th> <th>13</th> <th>x \$ 18 = \$ 234</th> </tr> </thead> <tbody> <tr> <td>Ind.</td> <td>5</td> <td>-</td> <td>3</td> <td>=</td> <td>2</td> <td>x \$ 80 = \$ 160</td> </tr> <tr> <td colspan="4">IMultiple Dependent Claims</td> <td>x</td> <td>\$</td> <td>= \$</td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: right;">Subtotal (2)</td> <td style="text-align: right;">\$394</td> </tr> </tbody> </table> | | | | Current Claims | | Prior | | Extra | Fee | Fee Paid | Total | 33 | - | 20 | = | 13 | x \$ 18 = \$ 234 | Ind. | 5 | - | 3 | = | 2 | x \$ 80 = \$ 160 | IMultiple Dependent Claims | | | | x | \$ | = \$ | | | | | Subtotal (2) | | \$394 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Claims | | Prior | | Extra | Fee | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 33 | - | 20 | = | 13 | x \$ 18 = \$ 234 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ind. | 5 | - | 3 | = | 2 | x \$ 80 = \$ 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IMultiple Dependent Claims | | | | x | \$ | = \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal (2) | | \$394 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent Claim</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (3)</td> <td style="text-align: right;">\$0</td> </tr> </tbody> </table> | | | | Large Entity | | Small Entity | | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 80 | 202 | 40 | Independent claims in excess of 3 | 104 | 270 | 204 | 135 | Multiple dependent Claim | 109 | 80 | 209 | 40 | Reissue independent claims over original patent | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | | | | | Subtotal (3) | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | 204 | 135 | Multiple dependent Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | 209 | 40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal (3) | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Submitted by:

Name: Kimton N. Eng

Reg. No.: 43,605

Telephone: (206) 903-8800

Signature: 

Date: April 27, 2001



WJ Sector

**FEET TRANSMITTAL SHEET
(FOR FY 2001)**

| Complete if Known | |
|----------------------|--------------------|
| Application No. | 09/758,970 |
| Filing Date | January 9, 2001 |
| First Named Inventor | Ronnie M. Harrison |
| Group Art Unit | 2819 |
| Examiner | Not Yet Assigned |
| Atty. Docket Number | 500395.02 |

METHOD OF PAYMENT (Check One)

1. The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP

2. Check Enclosed

FEET CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | | | | |
|---------------------|--------------|----------|----------|--|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
| 101 | 710 | 201 | 355 | <input checked="" type="checkbox"/> Utility Filing Fee | |
| 106 | 320 | 206 | 160 | <input type="checkbox"/> Design Filing Fee | |
| 108 | 710 | 208 | 355 | <input type="checkbox"/> Reissue Filing Fee | |
| 114 | 150 | 214 | 75 | <input type="checkbox"/> Provisional Filing Fee | |
| Subtotal (1) | | | | \$710 | |

2. EXTRA CLAIM FEES

| Current Claims | Prior | Extra | Fee | Fee Paid |
|----------------------------|-------|-------|---------------------|----------------|
| Total | 1 | - | 20 | = 0 x \$ = \$0 |
| Ind. | 1 | - | 3 | = 0 x \$ = \$0 |
| IMultiple Dependent Claims | | | x \$ | = \$ |
| | | | Subtotal (2) | \$0 |

Large Entity **Small Entity**

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|---|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 |
| 104 | 270 | 204 | 135 | Multiple dependent Claim |
| 109 | 80 | 209 | 40 | Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |

3. ADDITIONAL FEES

| Large Entity | Small Entity | | | | |
|---------------------|--------------|----------|----------|--|--------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee paid |
| 105 | 130 | 205 | 65 | Surcharge - Late filing fee or oath | \$ 130 |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | \$ |
| 139 | 130 | 139 | 130 | Non-English specification | \$ |
| 147 | 2,520 | 147 | 2,520 | For Filing a Request for Reexamination | \$ |
| 115 | 110 | 215 | 55 | Extension for reply within first month | \$ |
| 116 | 390 | 216 | 195 | Extension for reply within 2 nd month | \$ |
| 117 | 890 | 217 | 445 | Extension for reply within 3 rd month | \$ |
| 118 | 1,390 | 218 | 695 | Extension for reply within 4 th month | \$ |
| 128 | 1,890 | 280 | 945 | Extension for reply within 5 th month | \$ |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ |
| 121 | 260 | 270 | 135 | Request for oral hearing | \$ |
| 148 | 110 | 248 | 55 | Terminal Disclaimer Fee | \$ |
| 140 | 10 | 240 | 55 | Petition to revive – unavoidable | \$ |
| 141 | 1,240 | 241 | 620 | Petition to revive – unintentional | \$ |
| 142 | 1,240 | 242 | 620 | Utility/Reissue issue fee (+ advance copies) | \$ |
| 143 | 440 | 243 | 220 | Design issue fee (+ advance copies) | \$ |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ |
| 126 | 180 | 126 | 180 | Submission of IDS | \$ |
| 581 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) | \$ |
| 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | \$ |
| Subtotal (3) | | | | | \$130 |

Total Amount of Payment: \$840

Submitted by:

Name: Kimton N. Eng

Reg. No.: 43,605

Telephone: (206) 903-8800

Signature: Kimton N. Eng

Date: April 23, 2001



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Box Missing Parts, Commissioner of Patents, Washington, DC 20231.

April 23, 2001

Date

Ayesha S. Wilks

Ayesha S. Wilks

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | | |
|------------|---|---|-----------------------|--------------------|
| Applicant | : | Ronnie M. Harrison | Attorney Docket No. : | 500395.02 |
| Serial No. | : | 09/758,970 | Group Art Unit | : 2819 |
| Filed | : | January 9, 2001 | Examiner | : Not Yet Assigned |
| Title | : | METHOD AND APPARATUS FOR GENERATING A SEQUENCE OF CLOCK SIGNALS | | |

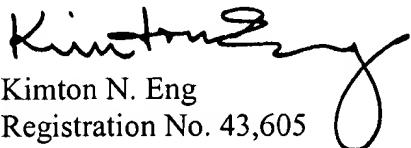
GENERAL AUTHORIZATION UNDER 37 C.F.R. § 1.136(a)(3)

Box Missing Parts
Commissioner of Patents
Washington, D.C. 20231

Sir:

With respect to the above-identified application, the Commissioner is authorized to treat any concurrent or future reply requiring a petition for an extension of time under 37 C.F.R. § 1.136(a)(3) for its timely submission as incorporating a petition therefor for the appropriate length of time. The Commissioner is also authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1266.

Respectfully submitted,
DORSEY & WHITNEY LLP


Kimton N. Eng
Registration No. 43,605

KNE:asw

Enclosure:

Postcard

1420 Fifth Avenue, Suite 3400
Seattle, Washington 98101-4010
Tel: (206) 903-8800
Fax: (206) 903-8820



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Box Missing Parts, Commissioner of Patents, Washington, DC 20231.

April 23, 2001

Date

Ayesha S. Wilks

Ayesha S. Wilks

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | | |
|------------|---|---|----------------------|--------------------|
| Applicant | : | Ronnie M. Harrison | Attorney Docket No.: | 500395.02 |
| Serial No. | : | 09/758,970 | Group Art Unit | : 2819 |
| Filed | : | January 9, 2001 | Examiner | : Not Yet Assigned |
| Title | : | METHOD AND APPARATUS FOR GENERATING A SEQUENCE OF CLOCK SIGNALS | | |

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Box Missing Parts
Commissioner of Patents
Washington, D.C. 20231

Sir:

In response to the Notice to File Missing Parts dated February 23, 2001, please find enclosed a copy of Notice to File Missing Parts for the above-identified application.

Also enclosed is a General Authorization Under 37 C.F.R. § 1.136(a)(3).

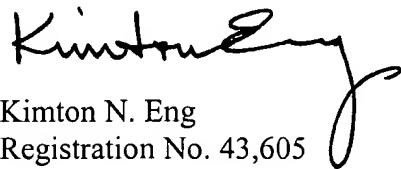
The fees have been calculated as follows:

| | | |
|---------------------------------|-----------|------------|
| Basic Fee | \$ | 710 |
| Total Claims (1, 0 extra) | | 0 |
| Independent Claims (1, 0 extra) | | 0 |
| Missing Parts Surcharge | | 130 |
| TOTAL | \$ | 840 |

Enclosed is a check in the amount of \$840 for the requisite fees. The Commissioner is hereby authorized to charge any additional filing fees or to credit any overpayment to Deposit Account No. 50-1266. A duplicate copy of this response is enclosed.

Respectfully submitted,

DORSEY & WHITNEY LLP


Kimton N. Eng
Registration No. 43,605

KNE:asw

Enclosures:

Postcard
Check
Fee Transmittal Sheet (+ copy)
Copy of this Response
Copy of Notice to File Missing Parts
General Authorization Under 37 C.F.R. § 1.136(a)(3)

1420 Fifth Avenue, Suite 3400

Seattle, WA 98101

Tel: (206) 903-8800

Fax: (206) 903-8820

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